

RULEMAKING NOTICE FORM

Notice Number	2016-159	Rule Number	He-W 856.06
1. Agency Name & Address: Dept. of Health and Human Services Office of Medicaid Bus. & Policy 129 Pleasant St., Brown Bldg. Concord, NH 03301		2. RSA Authority: RSA 167:3-c, I	
		3. Federal Authority: _____	
		4. Type of Action:	
		Adoption	X
		Amendment	_____
		Repeal	_____
		Readoption	_____
		Readoption w/amendment	_____

5. Short Title: **Rules Related to Resource Limits for the Medical Assistance Program**

6. (a) Summary of what the rule says and of any proposed amendments:

The New Hampshire Department of Health and Human Services (Department) is proposing to adopt the requirements currently found in He-W 656.06 into Chapter He-W 800, the chapter where all rules associated with medical assistance are now located, as He-W 856.06.

6. (b) Brief description of the groups affected:

Applicants and recipients of categorically needy and medically needy medical assistance and applicants for medical assistance long term care services who would otherwise be ineligible due to possession of a certain amount of resources.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

<u>Rule</u>	<u>RSA/ Federal Citation</u>
He-W 856.06	RSA 167: 4, IV(d); 42 CFR 435.10; 42 CFR 435.210; 42 CFR 435.601; 42 CFR 435.840; 42 CFR 435.843, 42 CFR 435.845

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name:	Catherine Bernhard	Title:	Rules Coordinator
Address:	Dept. of Health & Human Services Administrative Rules Unit 129 Pleasant Street Concord, NH 03301	Phone #:	271-9374
		Fax#:	271-5590
		E-mail:	catherine.bernhard@dhhs.nh.gov

TTY/TDD Access: Relay NH 1-800-735-2964 or dial 711 (in NH)

The proposed rules may be viewed and downloaded at:

<http://www.dhhs.nh.gov/oos/aru/comment.htm>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Thursday, September 29, 2016**

☒ Fax

☒ E-mail

☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Thursday, September 22, 2016 at 11:00 a.m.**

Place:

[DHHS, Brown Bldg., 288, 129 Pleasant St., Concord, NH 03301](#)

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 16:156 Revised , dated 08/26/16

1. Comparison of the costs of the proposed rule(s) to the existing rule(s):

Not applicable; this is a new rule.

2. Cite the Federal mandate. Identify the impact of state funds:

42 CFR 435.843 mandates that the state specify the resource standard for medically needy categories of assistance, as implemented in proposed He-W 856.06(c), but there are no costs associated with the proposed adoption of He-W 856.06.

3. Cost and benefits of the proposed rule(s):

The proposed rule adopts the medical assistance requirement previously contained in He-W 656.06. Given that the medical assistance policy already exists within the Department's administrative rules, and given that requirement remains unchanged, the proposed rule will have no financial impact

A. To State general or State special funds:

None.

B. To State citizens and political subdivisions:

None.

C. To Independently owned businesses:

None.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

The proposed rule modifies an existing program or responsibility, but does not mandate any fees, duties or expenditures on the political subdivisions of the state and therefore does not violate Part I, Article 28-a of the N.H. Constitution.

Adopt He-W 856.06, cited and to read as follows:**CHAPTER He-W 800 ELIGIBILITY FOR MEDICAL ASSISTANCE****PART He-W 856 RESOURCES****He-W 856.06 Resource Limits.**

(a) The resource limit for categorically needy medical assistance for home care for children with severe disabilities (HC-CSD) shall be \$1,000, regardless of assistance group size.

(b) The resource limit for adult categorically-needy medical assistance shall be \$1,500, with the exception of individuals eligible for medicaid for employed adults with disabilities (MEAD) pursuant to He-W 641.03.

(c) Except as described in (d) below, the resource limit for all categories of medically-needy medical assistance shall be as follows, based on the number of individuals in the assistance group:

(1) For a single individual, \$2,500;

(2) For 2 individuals, \$4,000; and

(3) For 3 or more individuals, add an additional \$100 for each additional individual in the assistance group to the resource limit in (2) above.

(d) The resource limit for applicants for medical assistance long-term care services shall be \$2,500 plus the value of coverage provided in a conforming long-term care insurance policy, pursuant to RSA 167:4, IV(d) and 42 USC 1396p(b).

APPENDIX

<u>Rule</u>	<u>RSA/ Federal Citation</u>
He-W 856.06	RSA 167: 4, IV(d); 42 CFR 435.10; 42 CFR 435.210; 42 CFR 435.601; 42 CFR 435.840; 42 CFR 435.843, 42 CFR 435.845